

108TH CONGRESS
1ST SESSION

H. R. 2915

To provide for a National Health Information Infrastructure and data and communication standards for health information system interoperability.

IN THE HOUSE OF REPRESENTATIVES

JULY 25, 2003

Mrs. JOHNSON of Connecticut (for herself, Mr. GREENWOOD, Mr. NUSSLE, Mr. ENGLISH, Mr. WELDON of Florida, Mr. RYAN of Wisconsin, and Mr. BURGESS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for a National Health Information Infrastructure and data and communication standards for health information system interoperability.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “National Health Infor-
5 mation Infrastructure Act of 2003”.

6 **SEC. 2. NATIONAL HEALTH INFORMATION INFRASTRUC-**
7 **TURE.**

8 (a) NATIONAL HEALTH INFORMATION OFFICER.—

1 (1) APPOINTMENT.—By not later than 6
2 months after the date of the enactment of this Act,
3 the Secretary of Health and Human Services (in this
4 Act referred to as the “Secretary”) shall appoint an
5 individual as the National Health Information Offi-
6 cer for the Department of Health and Human Serv-
7 ices.

8 (2) GENERAL DUTIES.—Such Officer shall re-
9 port directly to the Secretary and shall be respon-
10 sible for developing and maintaining ongoing na-
11 tional leadership in the planning, development, and
12 adoption of a national health information infrastruc-
13 ture. The Secretary may assign to the Officer other
14 duties that would promote the goals of this Act.

15 (3) STRATEGIC PLAN.—Not later than 6
16 months after the date of the enactment of this Act,
17 the National Health Information Officer shall, in co-
18 operation with key stakeholders, develop a strategic
19 plan to create a comprehensive national health infor-
20 mation infrastructure that encompasses public-sector
21 and private-sector health information activities. Such
22 plans shall include a national agenda to guide policy-
23 making, technology investments, research, and inte-
24 gration with ongoing public health, healthcare, and
25 health information technology activities and a

1 timeline for the specific duties described in sub-
2 section (d)(1).

3 (4) LIMITED TERM OF OFFICE.—The National
4 Health Information Officer shall serve for a term of
5 5 years, after which, unless extended by Act of Con-
6 gress, the office shall terminate.

7 (b) GOALS.—The goals of the national health infor-
8 mation infrastructure are—

9 (1) to maximize positive outcomes in clinical
10 care;

11 (2) to minimize preventable medical errors, es-
12 pecially in hospitals and in the administration of
13 contraindicated drugs;

14 (3) to reduce redundant paperwork, such as the
15 repeated taking of patient histories;

16 (4) to decrease costs from duplicative or other-
17 wise unnecessary testing or procedures; and

18 (5) to establish a compatible information tech-
19 nology architecture that increases health care quality
20 and cost-savings, enhances security of information,
21 and avoids the financing and development of health
22 information technology systems that are not readily
23 compatible.

24 (c) COLLABORATION WITH STAKEHOLDERS.—

1 (1) IN GENERAL.—The Secretary shall assure
2 that activities of the Department of Health and
3 Human Services that relate to the national health
4 information infrastructure are undertaken after con-
5 sultation with and based on the recommendations of
6 the parties described in paragraph (3).

7 (2) PERIODIC MEETINGS.—The Secretary,
8 through the National Health Information Officer,
9 shall convene as a group the parties described in
10 paragraph (3). Such group shall meet periodically
11 and collaborate to make recommendations to such
12 Officer and the Secretary on the matters described
13 in subsection (d).

14 (3) PARTIES REPRESENTED.—The parties de-
15 scribed in this paragraph are experts from the fields
16 of medical information, information technology, med-
17 ical continuous quality improvement, and medical
18 records security and privacy, appropriate staff ex-
19 perts from Federal agencies (including those within
20 the Department of Health and Human Services) and
21 representatives of the following:

22 (A) The National Committee on Vital and
23 Health Statistics, the National Institutes of
24 Standards and Technology, the National Li-

1 brary of Medicine, and the Agency for
2 Healthcare Research and Quality.

3 (B) Individual and institutional health care
4 clinical providers, including a teaching hospital
5 and physicians.

6 (C) Clinical and health services research-
7 ers.

8 (D) Health care purchasers.

9 (E) Private organizations with expertise in
10 medical informatics.

11 (F) Patient groups.

12 (G) A State or local public health depart-
13 ment.

14 (H) The health care information tech-
15 nology industry and national alliances formed
16 to achieve standards-based health care informa-
17 tion systems.

18 (d) DUTIES.—In carrying out subsection (a), the Na-
19 tional Health Information Officer shall advise the Sec-
20 retary on the following, in order to promote the goals de-
21 scribed in subsection (b):

22 (1)(A) Not later than 1 year after the date of
23 the enactment of this Act, an assessment of—

1 (i) the best current practices in the devel-
2 opment, purchase, and maintenance of medical
3 information technology; and

4 (ii) currently existing legal requirements
5 for communication standards.

6 (B) Not later than 2 years after the date of the
7 enactment of this Act, recommendations for a uni-
8 form health information system interface, and meth-
9 ods for its adoption, to ensure compatibility between
10 and among old and new information systems.

11 (C) Recommendations for health and healthcare
12 data standards (such as vocabulary and messaging),
13 communications standards, and other medical stand-
14 ards (including a common lexicon) necessary to
15 achieve the interoperability of health information
16 systems.

17 (2) Coordination of the evolution of the national
18 health information infrastructure and working with
19 other key stakeholders in the public and private sec-
20 tors to develop a strategic plan that will ensure the
21 interoperability of all elements of such infrastruc-
22 ture.

23 (3) Coordination of spending across Federal
24 agencies relating to the establishment of such infra-
25 structure.

1 (4) Development of policies to ensure compli-
2 ance with all standards adopted under part C of title
3 XI, including promotion of patient control of pro-
4 tected health information.

5 (5) Avoidance of confusion and potential non-
6 compliance with currently existing legal require-
7 ments.

8 (e) DETAIL OF FEDERAL EMPLOYEES.—Upon the
9 request of the Secretary, the head of any Federal agency
10 is authorized to detail, without reimbursement from the
11 National Health Information Officer, any of the personnel
12 of such agency to such Officer to assist the Officer in car-
13 rying out duties of the Officer under this section. Any such
14 detail shall not interrupt or otherwise affect the civil serv-
15 ice status or privileges of the Federal employee.

16 (f) USE OF FUNDS CONSISTENT WITH NATIONAL
17 AGENDA.—The Secretary shall develop a process (such as
18 requiring the approval of the National Health Information
19 Officer) to assure that to the greatest extent feasible funds
20 of the Department of Health and Human Services granted
21 or spent for health information systems are used to fur-
22 ther the national agenda developed pursuant to subsection
23 (a)(3).

24 (g) AUTHORIZATION OF APPROPRIATIONS AND SUN-
25 SET.—There are authorized to be appropriated such sums

1 as may be necessary for each fiscal year beginning with
2 fiscal year 2004 to carry out this section.

3 **SEC. 3. DATA AND COMMUNICATIONS STANDARDS FOR**
4 **INTEROPERABILITY.**

5 (a) IN GENERAL.—Based on the recommendations
6 provided under section 2(d)(1)(B), the Secretary shall de-
7 velop or adopt (and shall periodically review and update)
8 voluntary, national data and communications standards
9 that promote the interoperability of health information
10 technology systems across all public and private health
11 care settings. The Secretary shall ensure thorough testing
12 of data and communications standards before their imple-
13 mentation. In developing or adopting such standards, the
14 Secretary shall take into account—

15 (1) the ability of such standards to enable clini-
16 cally-specific data collection in order to promote evi-
17 dence-based medicine and the electronic exchange of
18 patient medical record information; and

19 (2) the costs of compliance and the savings and
20 other benefits from improved efficiency and quality
21 in health care delivery.

22 (b) REPORTS.—

23 (1) INITIAL REPORT.—No later than 12 months
24 after the date of the enactment of this Act, the Sec-
25 retary shall submit to Congress a report that in-

1 includes a comprehensive national health information
2 infrastructure strategic plan and information on
3 progress on the assessments, the recommendations
4 for the interface, and the recommendations for
5 standards, under section 2(d).

6 (2) SUBSEQUENT REPORTS.—During each of
7 the 2 years after the year in which the report is sub-
8 mitted under paragraph (1), the Secretary shall sub-
9 mit to Congress an annual report relating to addi-
10 tional recommendations, best practices, results of in-
11 formation technology improvements, analyses of pri-
12 vate sector efforts to implement the data and com-
13 munications standards established under this sec-
14 tion, and such other matters as may help ensure the
15 most rapid dissemination of best practices in health
16 care information technology.

17 (c) CONTRACT AUTHORITY.—The Secretary is au-
18 thorized to enter into contracts—

19 (1) for services and activities necessary to carry
20 out this section and section 2; and

21 (2) to the extent practicable, to test the stand-
22 ards under consideration under this section.

23 (d) DISSEMINATION.—The Secretary shall provide
24 for the reviewing, updating, and disseminating the stand-
25 ards developed under this section.

1 (e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated such sums as may be
3 necessary for each fiscal year beginning with fiscal year
4 2004 to carry out this section.

○